DocuSign Envelope ID: 824F358E-A7A6-4932-A3D7-C19341639F9B

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS002216

New Construction

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☑ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

JAD

A. Onsite System Location 20200 Brooks Cir

Address _____ City Hickman, NE Zip 68372
(no rural route)

Legal Description SE (1/4) SE (1/4) 32 (Section) 8N (Township) 7E (Range) Salt Creek Reserve (Subdivison) _____ (Addition) 2 (Block) _____ (Lot)

PID 15-32-401-002-000

B. Owner

Name Jacob Sutton Signature Jacob Sutton (DocuSigned by: BF1A2B7AC342455)

Address 3636 W Rose St City/State/Zip Lincoln, NE 68522

Home Phone 402-499-6421 Work Phone _____

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd L. Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

D. Engineer ☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.29
Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day _____

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department ACTION ☐ Approved ☐ Disapproved
Site visits _____ Date rec'd _____ Signature _____
Date frwd _____
Comments _____

2. Supt. Bldg. Insp. or Village Clerk ACTION ☐ Approved ☐ Disapproved
Comments _____ Date rec'd _____ Signature _____
Date frwd _____

3. City or County Engineer ACTION ☐ Approved ☐ Disapproved
Comments _____ Date rec'd _____ Signature _____
Date frwd _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 5-11-21 Amount Paid $1440 cc
Received By JAD Cash/Check No. 005040

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 1/13

DocuSign Envelope ID: 824F358E-A7A6-4932-A3D7-C19341639F9B

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

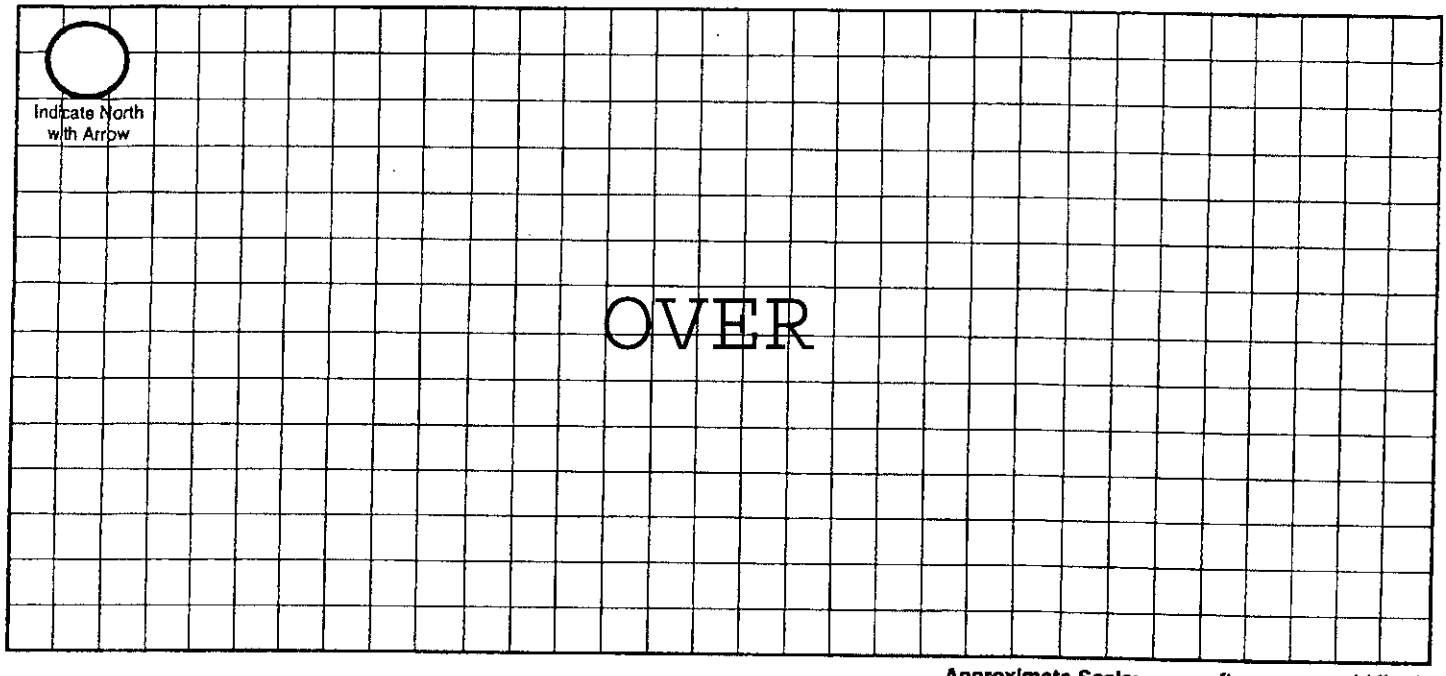
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) _____ City Hickman NE, Zip 68372

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☒ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒	30 ☒	50 ☒	100 ☒	200 ☒	☒

F. Required Signatures

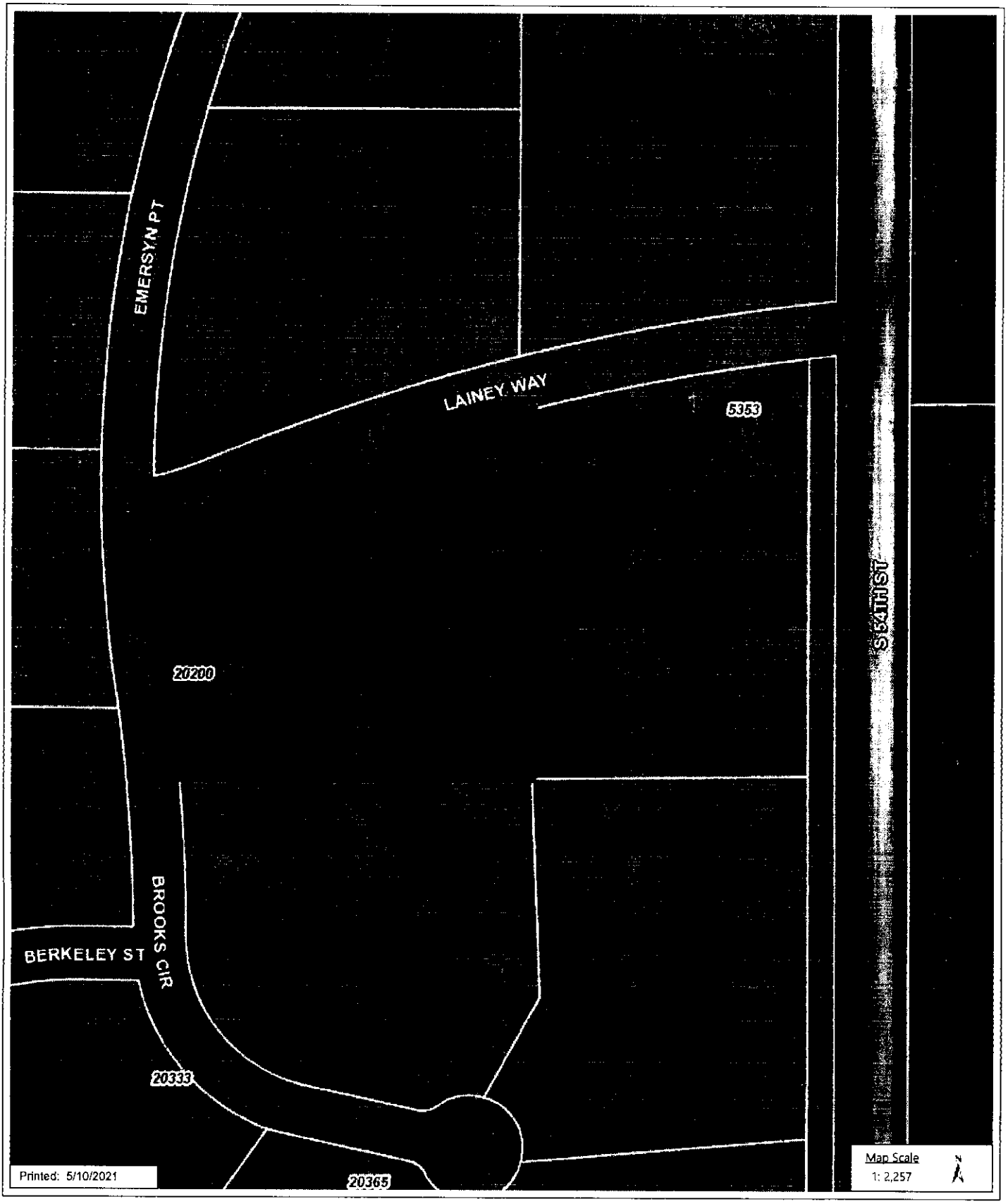
Home Building Contractor DocuSigned by: MARIA SEMERAD Date 5/5/2021

Installer Mark K. Jakobsen Date 5/10/21

Salt Creek Reserve Lot 2

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002216

System Type: Lagoon

Situs: No Site Address Specified

Issued: 5/11/2021

Expires: 5/11/2022

Description: SALT CREEK RESERVE, Lot 2

Owner: SUTTON, JACOB & CHELSIE
3636 W ROSE ST
LINCOLN, NE 68522

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim Health Director

Dear Applicant:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

DEPARTMENT 3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: HS002216

Onsite Wastewater Treatment System

Inspection Sheet

Date 2/14/22 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 20200 Brooks Cir. City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1,755 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 390' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 Flow

No. of Absorption Laterals 4 Width 4.5 Factor No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From:	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft) :	50 ☐	500☐	50 ☐	NA ☐	10☐	5 ☐
Field (ft)	100 ☐	500☐	50 ☐	4 ☐	2☐	5☐

Geographical Coordinates to 6 Decimals: NA

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date 12/10/21

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Shaw

Date 2/14/22

Id Note Drawing (See Reverse Side):

Updated 4/15

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3131 "O" Street • Lincoln, NE 68510-1514
Phone: 402-441-8643

B

Permit Number: HS0022216

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 20200 Brooks Cir (no rural route) City Hickman NE, Zip 68372

Owner Jacob R Sutton Address 3636 W Rose St, Lincoln, NE 68522

Date of Tests 6/22/21 to 6/23/21 Weather: Precipitation 0 Temperature 82°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L.	M.	N.
		Start		End		Start			End			Results	
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	62	6/22	1:30p	6/23	8:30a	6/23	12:00p	6	6/23	12:30p	30	3-3/8	9
2	38	"	"	"	"	"	"	6	"	"	"	9/16	53
3	38	"	"	"	"	"	"	6	"	"	"	11/16	44
4	68	"	"	"	"	"	"	6	"	"	"	2-3/8	13
5								6					
6								6					
7								6					
8								6					

Person Conducting Percolation Test

Name: Terri Jakoubek
Phone: 402-783-2663 or 402-890-3870
Address 13800 NW 70th St, Raymond, NE 68428

Sum of Percolation Rates: 119
Average of Rates: 30
Rate Used for Calculation: 53 (20 mpi variance)

Soil type (NRCS Maps/Other) Wymore SCL
Groundwater Depth >8'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official _____ Date _____

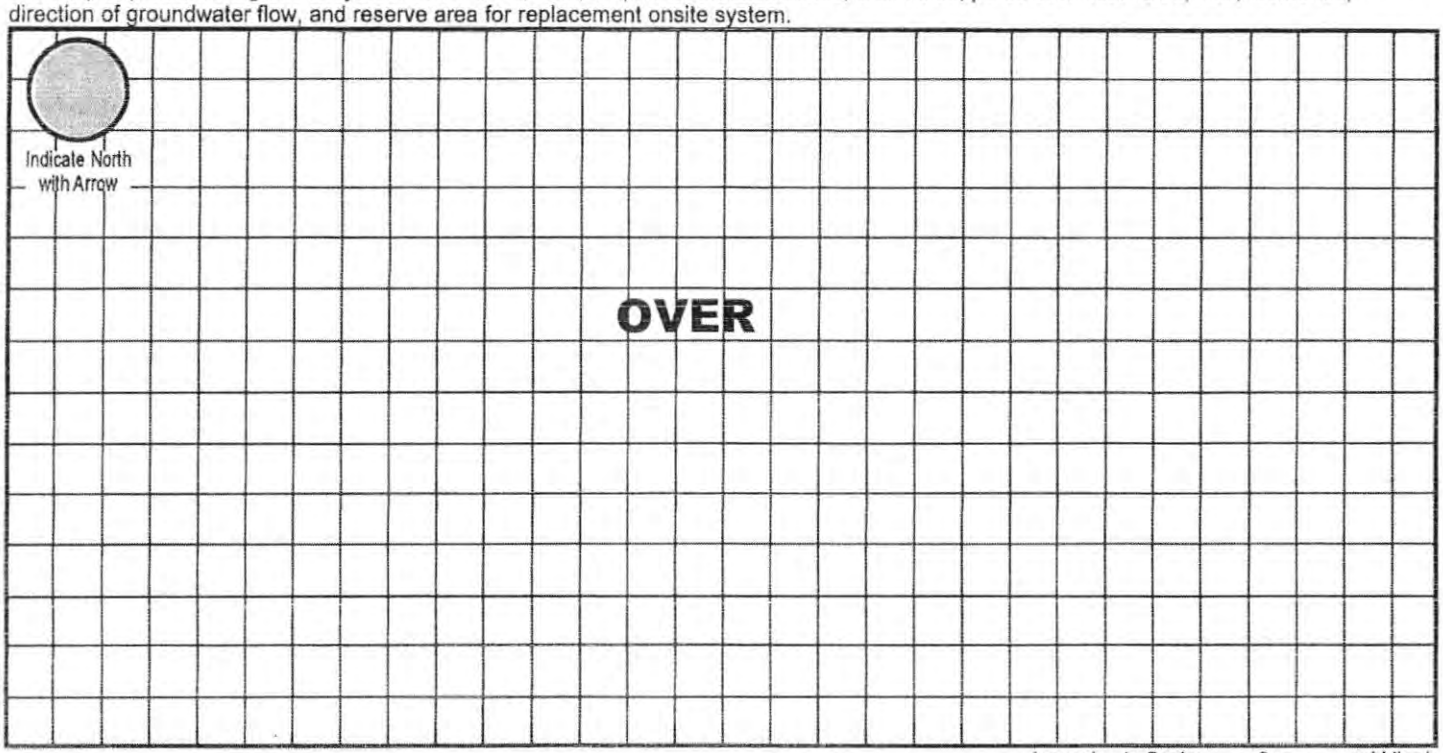
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number HS002216

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale: ____ ft. = ____ grid line/s

A. Onsite System Location

Address (no rural route) 20200 Brooks Cir City Hickman NE, Zip 68372

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☑ Lagoon

D. Drainfield Absorption System

Percolation Rate 53 (min/inch = mpi) No. of Bedrooms 5 Soil Type Wymore SCL Land Slope ____ %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1,755 Sq. Ft.

Total length of laterals 390 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H

No. of Absorption Trenches 4 Width 38" No. of Drop Boxes 1 Distribution Box _____

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Neri K. Jakander Date: July 15, 2021

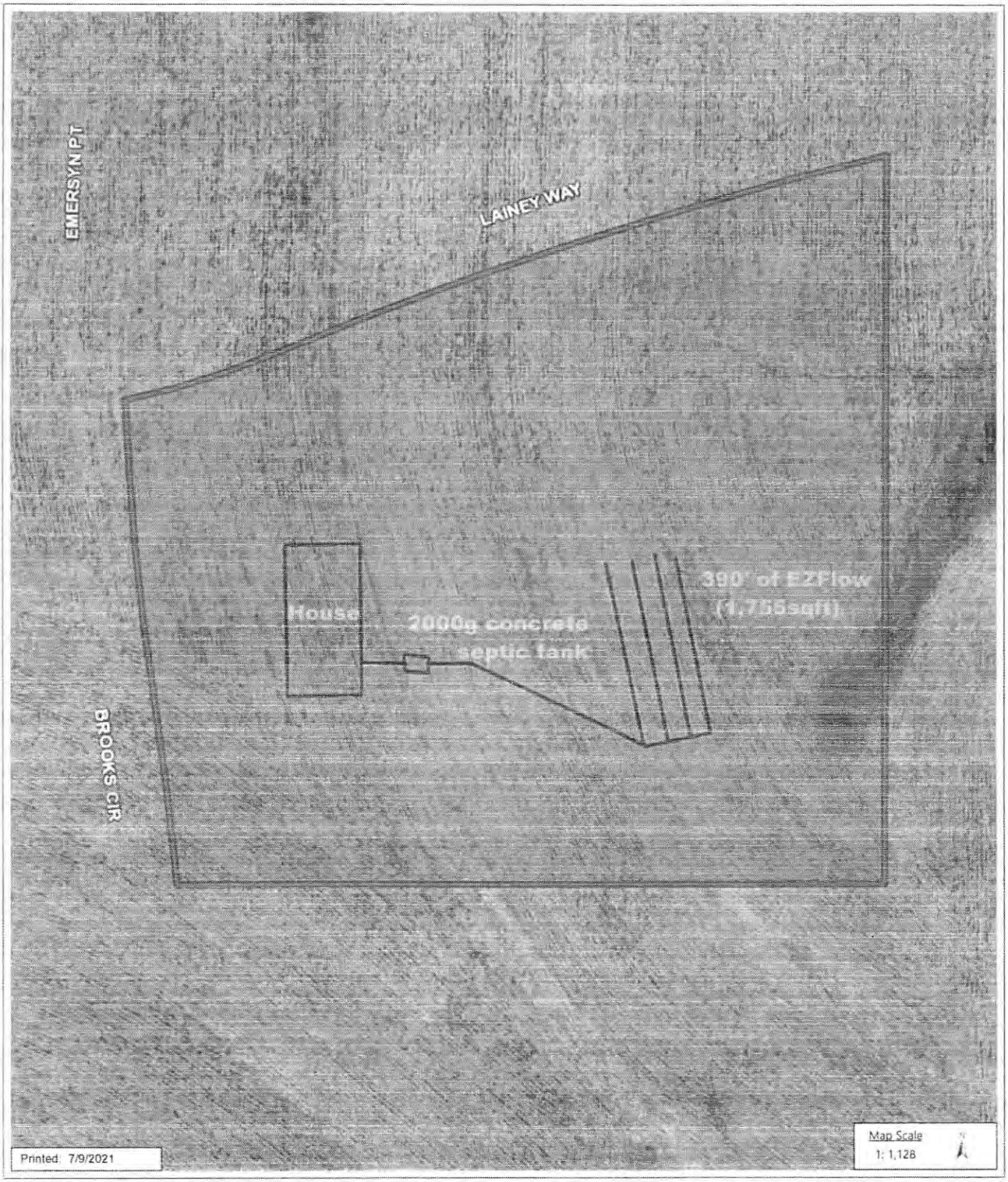
Updated 2/18

Builder _____ Date: _____

20200 Brooks Cir, Hickman, NE 68372

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 7/9/2021

Map Scale
1: 1,128

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

D

Permit Number: HS002216

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☑ Subsurface Septic ☐ Mound

Onsite Wastewater System Location PID = 15-32-401-002-000

Address or Legal Description or Parcel Identification Number (PID) 20200 Brooks Cir, Hickman, NE 68372

Owner: Jacob Sutton Address 3636 Rose St, Lincoln, NE 68522

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 99 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000g
3. Depth to top of tank, below unfinished grade: 18-24 in.
4. Distance to:
   Well N/A ft. +
   Pressure line N/A ft. +
   Property Line 50 ft. +
   Foundation 80 ft. +

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 12 ft. W
(Drainfield Control Valve)

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless:
   EZFlow 1203H Bundles
2. Number of Laterals: 4 Depth: 3' to 4' deep, lined with 1' to 2' of gravel
3. Length of each lataral (linear): ft. 90 ft. 100 ft. 100 ft. 100
4. Drainfield size: 1,755 sq. ft.
5. Distance to:
   Well N/A ft. +
   Pressure line N/A ft. +
   Property line 25' ft. +
   Depth of Groundwater >12'

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes (Partially) ☐ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Mark L. Jahnke Date: 12/10/21

Complete As-Built drawing on the back of this form.

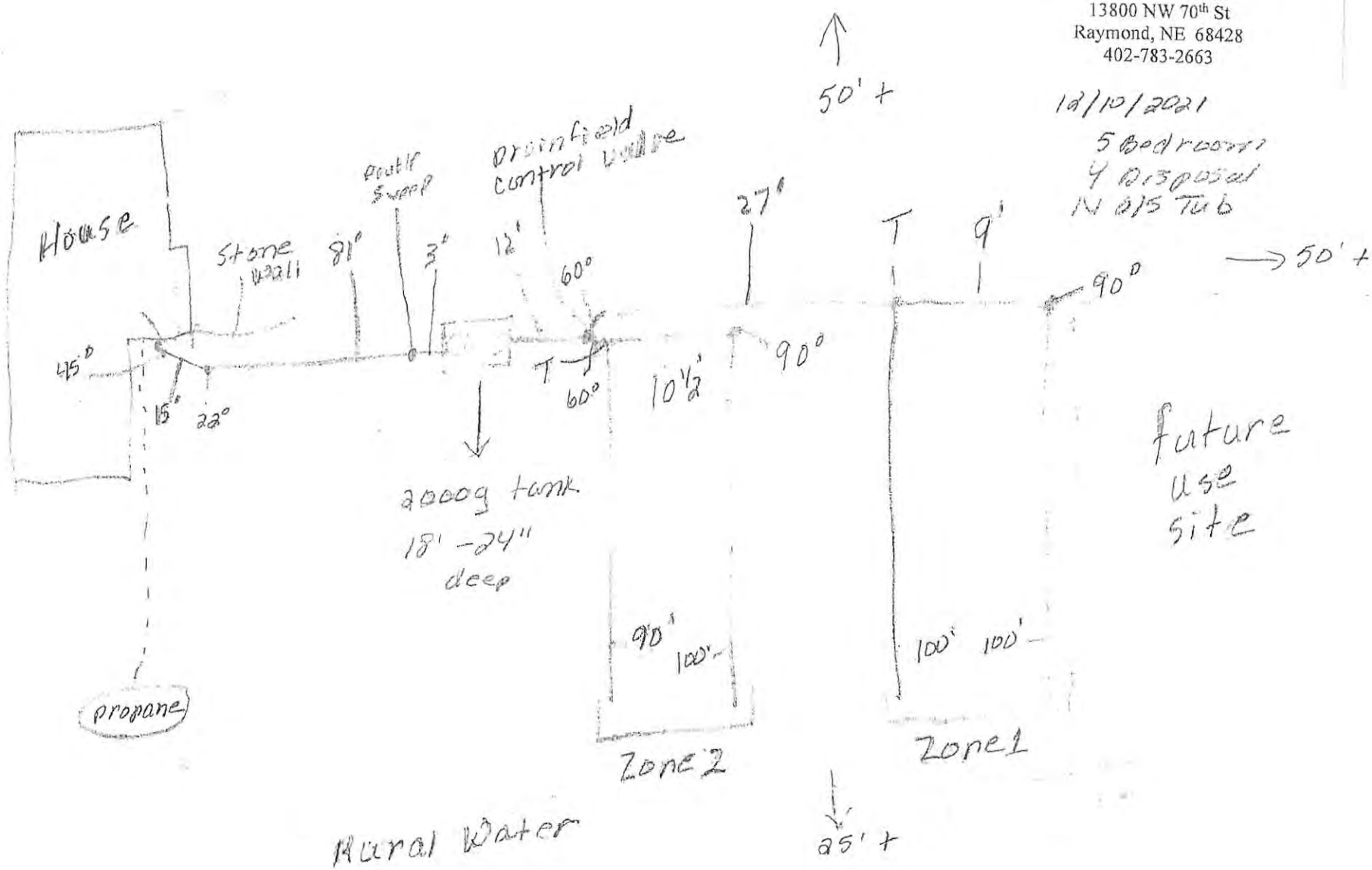
Updated 2/18

↑ N

20200 Brooks Cir.
Hickman, NE 68372

Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663

10/10/2021
5 Bedroom
4 Disposal
N 615 Tab



Nate C. Hartman

From: Heidi Hoglund <heidih@hickman.ne.gov>
Sent: Thursday, March 11, 2021 12:57 PM
To: Nate C. Hartman
Subject: Buel Highlands and Salt Creek Reserve in Hickman

[CAUTION] This email comes from a sender outside your organization.

Hello Mr. Hartman – You may be receiving applications for onsite wastewater removal systems to be placed on lots located within Buel Highlands Estates, Buel Highlands Estates 2nd Addition, Salt Creek Reserve and Salt Creek Reserve 1st Addition Subdivisions. The City of Hickman has no objections to onsite wastewater removal systems within the four Subdivisions list above, if they meet the standards of the Lincoln-Lancaster County Health Department.

Thank you for your time,

Heidi Hoglund, CFM
Zoning and Floodplain Administrator
City of Hickman
PO Box 127 Hickman Nebraska 68372
402.792.2212 phone
402.792.2210 fax

This message and any attachments are confidential, may contain privileged or legally protected communications or information, and are intended solely for the recipient named above. If you are not the intended recipient, you are notified that any review, distribution, dissemination or copying of this message or any attachment is prohibited. If you have received this message in error, you should immediately notify the sender by a return e-mail and delete the message from your computer system.

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Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

SCANNED

A

Permit Number HS002216

New Construction

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☑ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

JAS

A. Onsite System Location 20200 Brooks Cir

Address Not yet available (no rural route) City Hickman, NE Zip 68372

Legal Description: SE (1/4) SE (1/4) 32 (Section) 8N (Township) 7E (Range) Salt Creek Reserve (Subdivison) 2 (Lot)

PID 15-32-401-002-000

B. Owner

Name Jacob Sutton Signature DocuSigned by: Jacob Sutton 6F1A2B7AC342455

Address 3636 W Rose St City/State/Zip Lincoln, NE 68522

Home Phone 402-499-6421 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd L. Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☐ Yes ☑ No Garbage Grinder? ☑ Yes ☐ No Total Acres 3.29

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 02-39

1. Health Department
Site visits 12/10/21 DS Date rec'd 5/11/21 Date frwd 5/11/21
Comments
ACTION ☑ Approved ☐ Disapproved Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments Date rec'd Date frwd
ACTION ☑ Approved ☐ Disapproved Signature

3. City or County Engineer
Comments Date rec'd Date frwd
ACTION ☐ Approved ☐ Disapproved Signature

Installation Final Written Approval
By Doug Thiele
Date 2/14/22

Business Office Use Only
Date Received 5-11-21 Amount Paid $440.00
Received By JAS Cash/Check No. 005040

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 1/13